



Fairfax Mentors Project

YOUTH APPLICATION

NAME: _____ DATE: _____
First M.I. Last

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: (_____) _____ DATE OF BIRTH: ____/____/____ (M0/DA/YR)

CELL #: (_____) _____ PARENT'S EMAIL ADDRESS: _____

SCHOOL: _____ GRADE: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

PHONE #: home (_____) _____ cell/work (_____) _____

FAMILY INFORMATION

FATHER _____ MOTHER _____

SIBLINGS _____ AGE _____

_____ AGE _____

_____ AGE _____

GENDER: male _____ female _____

RACE/ETHNICITY (Choose **ALL** that Apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Hispanic or Latino	

LIVING SITUATION (Choose **ALL** that Apply)

<input type="checkbox"/> With Mother	<input type="checkbox"/> Foster Care
<input type="checkbox"/> With Father	<input type="checkbox"/> Treatment Center
<input type="checkbox"/> With Step-Parent	<input type="checkbox"/> Shelter
<input type="checkbox"/> With Parent's Partner	<input type="checkbox"/> Detention Center
<input type="checkbox"/> With Other Relative	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Guardian	

REFERRAL SOURCE (Chose **ONE** Only)

<input type="checkbox"/> School	<input type="checkbox"/> Own Agency Program
<input type="checkbox"/> Health Care Professional	<input type="checkbox"/> Other Agency
<input type="checkbox"/> Juvenile Justice / Court	<input type="checkbox"/> Parent / Guardian
<input type="checkbox"/> Self	<input type="checkbox"/> Other (please specify)

HOBBIES / INTERESTS (CAREER ASPIRATIONS) / SKILLS:

ACADEMIC PROFILE:

SUBJECTS REQUESTING HELP IN: (circle **ALL** that apply):

- ☐ Reading ☐ Science ☐ Math ☐ Social Studies ☐ Physical Education
- ☐ ESL ☐ Foreign Language ☐ Composition ☐ Other: (please specify)

OTHER ACADEMIC ISSUES: (attendance, peer interactions, discipline problems, attitude, etc.):

MATCH CRITERIA

TIMES AVAILABLE FOR MEETING WITH MENTOR: (after school, weekends): BE SPECIFIC.

DESIRED MENTOR CHARACTERISTICS:

OTHER OBLIGATIONS (employment, family, religious, athletics, etc.):

THANK YOU FOR COMPLETING THE APPLICATION. WE WILL PROCESS YOUR APPLICATION AND PROVIDE YOU WITH A MENTOR WHO BEST SUITS YOUR NEEDS AND REQUESTS. OUR PROGRAM COORDINATOR WILL BE IN CONTACT WITH YOU SOON.

For more information please contact the Fairfax Mentors Project:

Laura Galante
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Fairfax, Virginia 22035-1111
Laura.Galante@fairfaxcounty.gov
W: 703.324.5344

Intake Date:	Youth ID:
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